

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		Application Number	09/963,777
		Filing Date	September 26, 2001
		First Named Inventor	KIEVAL, ROBERT S.
		Art Unit	3762
		Examiner Name	Unassigned
Total Number of Pages in This Submission	4	Attorney Docket Number	021433-000120US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard PTO/SB/08A & PTO/SB/08B 4 Reference Copies 2 International Search Reports (2 pages total)
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.
Total number of pages <u>does not</u> include cited references.		

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Firm or Individual	Townsend and Townsend and Crew LLP James M. Heslin	Reg. No. 29,541	TECHNOLOGY CENTER R3700
Signature			
Date	February 6, 2004		

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Edward Masinas		
Signature		Date	February 9, 2004

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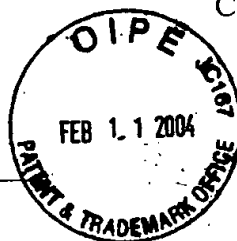
On 02-09-04

TOWNSEND and TOWNSEND and CREW LLP

By: Edward Masinas  
Edward Masinas

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**PATENT**  
Attorney Docket No.: 021433-000120US  
Client Reference No.: 1151.1106101



#12  
B. Webb  
2/23/04

In re application of:

ROBERT S. KIEVEL et al.

Application No.: 09/963,777

Filed: September 26, 2001

For: ELECTRODE DESIGNS AND  
METHODS OF USE FOR  
CARDIOVASCULAR REFLEX  
CONTROL DEVICES

Examiner: Unassigned

Art Unit: 3762

SUPPLEMENTAL INFORMATION  
DISCLOSURE STATEMENT UNDER 37  
CFR §1.97 and §1.98

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Alexandria, VA 22313-1450

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Sir:

The references cited on attached form PTO/SB/08A and PTO/SB/08B are being called to the attention of the Examiner. Copies of the references are enclosed. It is respectfully requested that the cited references be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

Also enclosed are 2 copies of the International Search reports corresponding to the related PCT applications.

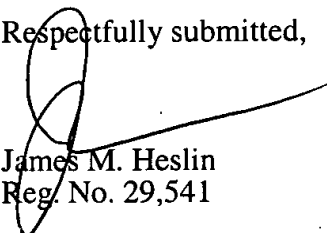
As provided for by 37 CFR 1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no

representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

Applicant believes that no fee is required for submission of this statement.

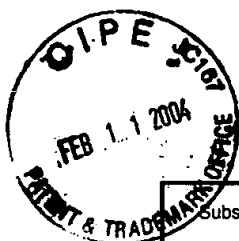
However, if a fee is required, the Commissioner is authorized to deduct such fee from the undersigned's Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,



James M. Heslin  
Reg. No. 29,541

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<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>  (use as many sheets as necessary)			<b>Complete if Known</b>		
			Application Number	09/963,777	
			Filing Date	September 26, 2001	
			First Named Inventor	KIEVAL, ROBERT S.	
			Art Unit	3762	
			Examiner Name	Unassigned	
Sheet	1	of	1	Attorney Docket Number	021433-000120US

U.S. PATENT DOCUMENTS+					
Examiner Initials*	Cite No. <sup>1</sup>	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number Kind Code <sup>2</sup> (if known)			
	1	6,292,703	09-18-2001	Meier et al.	
	2	6,208,894	03-27-2001	Schulman et al.	
	3	5,919,220	06-07-1999	Stieglitz et al.	
	4	5,282,468	01-02-1994	Klepinski	

FOREIGN PATENT DOCUMENTS								
Examiner Initials*	Cite No. <sup>1</sup>	Foreign Patent Document			Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T <sup>6</sup>
		Country Code <sup>3</sup>	Number <sup>4</sup>	Kind Code <sup>5</sup> (if known)				

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NON PATENT LITERATURE DOCUMENTS			
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Examiner Signature		Date Considered	
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\* EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.